



ARKANSAS  
BUREAU OF  
STANDARDS

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## NON-COMPLIANCE REPORT FOR REGISTERED METER SERVICE AGENCIES

Location Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
*Street City, State Zip*

Location Address: \_\_\_\_\_  
\_\_\_\_\_  
*Street City, State Zip*

Type of Device			
Truck Meter	<input type="checkbox"/>	<b>Make:</b>	<b>Model:</b>
Dock Meter	<input type="checkbox"/>	<b>Serial No:</b>	<b>Maximum GPM:</b>
Diesel Pump	<input type="checkbox"/>	<b>National Type Evaluation Program (NTEP) Certificate of</b>	
Gas Pump	<input type="checkbox"/>	<b>Conformance Number:</b>	
Mass Flow Meter	<input type="checkbox"/>	<b>Reasons for Non-Compliance:</b>	
Agri-Meter	<input type="checkbox"/>	1.	
LPG Meter	<input type="checkbox"/>	2.	
Other	<input type="checkbox"/>	3.	
(Specify): _____		4.	

Remarks: \_\_\_\_\_

\_\_\_\_\_

Service Agency: \_\_\_\_\_ Registration No: \_\_\_\_\_ Date: \_\_\_\_\_

Service Agent Name: \_\_\_\_\_

Device Owner/Operator: \_\_\_\_\_

PLEASE PRINT

Device Owner/Operator Signature: \_\_\_\_\_